



...../...../20.....

T.C.
İSTANBUL AYDIN UNIVERSITY
GRADUATE LEAVE OF ABSENCE FORM

Student Name Surname :

Student ID :

Student's Signature :

Program/Level of Program :...../.. Master Ph.D

Semester of Leave of Absence

Academic Year (20....-20....) : Fall Semester Spring Semester

The Reason for Leave of Absence:

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.....

FINANCIAL AFFAIRS APPROVAL

LIBRARY APPROVAL

**Staff in Charge of
Name Surname:
Signature:**

**Staff in Charge of
Name Surname:
Signature:**

**Explanation:.....
.....**

**Explanation:.....
.....**

**STUDENTS AFFAIR
(GRADUATE) APPROVAL**

**PRESIDENT OF MAIN
BRANCHES OF SCIENCE**

Staff in Charge of Name Surname:

Name Surname:

Signature:

Signature:

**Explanation:.....
.....**

**THESIS SUPERVISOR
APPROVAL**

**APPROVAL OF INSTITUTE OF SOCIAL
SCIENCE**

Name Surname:

Number of Board Decision :.....

Signature:

Date of Board Decision :..../...../20....

Note: The requests that have not received the Financial Affairs Office's approval will be invalid.